



ZAVERI DENTAL CORPORATION

311 E. Foothill Blvd.
Upland, CA 91786
Tel: (909) 985-6116

New Patient Information

Full Name _____ Date _____

Phone (Hm) (____) _____ - _____ (Wk) (____) _____ - _____ (Cell) (____) _____ - _____

Address _____ City _____ State _____ Zip _____

Email _____ Date of Birth ____/____/____ Social Security# _____ - _____ - _____

Marital Status _____ Spouse's name _____

Occupation _____ Employer _____ Work hours _____

Contact in case of emergency _____ Phone (____) _____ - _____

When was your last dental appointment? _____

How did you hear about us? _____

Why did you leave your last dentist? _____

What are your present dental problems? _____

Do your gums bleed when brushing? Yes No

Are your teeth sensitive to sweets, hot/cold, or biting pressure? Yes No

Does dental treatment make you nervous? Very Moderately Slightly No

If I could change my smile I would make my teeth.... Whiter Straighter Close Spaces Repair Chips

Other concerns/needs of mine are _____
